

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE REFERENCE SERVICE
JERRY L. BASSET, DIRECTOR**

(Persuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 22nd day of August, 2013 and filed with the agency secretary on the 22nd day of August, 2013.

AGENCY NAME: Department of Mental Health.

 X Amendment New Repeal

Rule No. Chapter 580-9-47

Rule Title: "Prevention Standards"

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

With changes

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXI,
ISSUE NO. 9, AAM, DATED June 28, 2013.

Statutory Rulemaking Authority: Code of Ala.1975, §22-50-11


Debbie Popwell, Director
Office of Certification

ALABAMA DEPARTMENT OF MENTAL HEALTH**SUBSTANCE ABUSE SERVICES****ADMINISTRATIVE CODE****CHAPTER 580-9-47 PREVENTION STANDARDS****TABLE CONTENTS**

580-9-47-.01	Definitions
580-9-47-.02	Personnel
580-9-47-.03	Prevention Records
580-9-47-.04	Community Planning
580-9-47-.05	Prevention Strategies
580-9-47-.06	Performance Improvement

580-9-47-.01 **Definitions** All definitions provided herein and the addenda are applicable to all Prevention Standards, practices and policies in the State of Alabama.

(1) **Activities:** Efforts to be conducted to achieve the identified objectives.

(2) **Adaptation:** Modification made to a chosen intervention's changes in audience, setting and/or intensity of program delivery. Research indicates that adaptations are most effective when underlying program theory is understood, core program components have been identified and both the community and needs of a population of interest have been carefully defined.

(3) **Advocacy:** To promote the interest or cause of a particular initiative.

(4) **Alternative Activities:** One of the six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy provides for the participation of the target population in activities that are alcohol, tobacco and drug-free. Examples of alternative activities include drug-free dances and parties, youth and adult leadership activities, community drop-in centers, community service activities and mentoring program. This strategy is based upon the assumption that constructive and healthy activities offset

the attraction to drugs; or otherwise meet the needs usually filled by drugs; and can lead to the reduction or elimination of substance use. The use of alternative activities alone as a prevention strategy has not been shown to be effective, but alternative activities should be part of a comprehensive plan.

(5) Best practices: Programs, practices and policies that have been rigorously researched and evaluated and have been shown to effectively prevent or delay substance abuse.

(6) Center for Substance Abuse Prevention (CSAP): CSAP is a center within the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides national leadership in the effort to prevent alcohol, tobacco and other drug use. CSAP works with states and communities to develop comprehensive prevention approaches to promote healthy communities.

(7) Capacity: The infrastructure necessary to support needed programs and services in communities. Examples include human resources (e.g. personnel with different skill sets), material resources (e.g. technical abilities and systems) and administrative resources (e.g. telephones).

(8) Coalition: A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy and drug free community.

(9) Community: A group of individuals who share cultural and social experiences within a common geographic or political jurisdiction. A community may be a neighborhood, town, part of a county, county school district, congressional district or regional area.

(10) Community-based Process Strategy: One of six(6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy aims to enhance the ability of the community to provide more effective prevention and treatment services for substance abuse disorders by including activities such as organizing,

planning, interagency collaboration, coalition building and networking.

(11) Community domain: One of the spheres of influences identified by the Center for Substance Abuse Prevention (CSAP) to prevent substance use. Community encompasses the societal environments in which consumers live, work and socialize. Community domain risk factors include:

(a) Lack of bonding or attachment to social and community institutions.

(b) Lack of community awareness or acknowledgment of substance use problems.

(c) Community norms favorable to substance use and tolerant of abuse.

(d) Insufficient community resources to support prevention efforts.

(e) Inability to address substance abuse issues.

(12) Community norms: The attitudes and policies toward substance use and crime that a community holds, which are communicated in a variety of ways such as laws, written policies, informal social practices and expectations that parents and other members of the community may have of young people.

(13) Comprehensive approach: A systemic and programmatic approach to prevention services that addresses risk and protective factors from multiple domains using different programs, practices and policies.

(14) Continuing education: Education and training experiences designed to update knowledge and skills. Every activity offered for continuing education (CE) credit, regardless of its length, must have clearly defined educational objectives and goals that must be made available to participants prior to enrollment in the workshop or training. Prevention CE hours must focus on subject matter that is specific to prevention and have explicit prevention learning objectives.

(15) Criminal History Check: is a listing of certain information taken from fingerprint submissions retained by federal and state law enforcement agencies in connection with arrests and, in some instances, federal employment, naturalization, or military service.

(16) Culture: The behaviors and beliefs characteristic of a particular social, ethnic or age group. Deep culture includes those characteristics that are not visible by observation, which surface culture includes those characteristics that are visible by observation.

(17) Cultural competence: The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of substance abuse prevention and reduction. Cultural competence is maximized by diverse representation during every phase of the implementation process and the process and outcomes evaluation.

(18) Data: Information or facts from which conclusions can be drawn; collected according to a methodology using specific research methods and instruments. A data driven process is whereby decisions are informed by and tested against systematically gathered and analyzed information.

(19) Domain: The spheres of influence (activity) that may affect substance use. The domains are individual (peer), family, school (work) and community (society/environment). Characteristics and conditions that exist within each domain of activity may act as risk or protective factors and present an opportunity for preventive action.

(20) Education strategy: One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy involves interactive communication between the educator and participants and goes beyond information dissemination. Activities for this strategy aim to affect life and social skills, including decision making refusal and critical analysis skills. Examples of activities for this strategy include classroom and small group sessions, parenting and family management classes, peer leader and peer helper programs, education programs for youth groups and children of substance abusers.

(21) Environment: In the Public Health Model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces or sustains problematic use of drugs.

(22) Environment strategy: One(1) of six(6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the substance use in the general population. Examples of methods used include:

(a) Establishing and reviewing drug policies in schools.

(b) Reviewing and modifying alcohol and tobacco advertising practices.

(c) Product pricing (increases in tobacco or alcohol taxes).

(d) Enacting policies targeting underage drivers such as zero (0) tolerance laws for underage drinking and driving and graduated driving privileges.

(e) Interventions addressing location and density of retail outlets selling alcohol and tobacco.

(f) Implementing neighborhood anti-drug strategies, such as citizen surveillance and the use of civil remedies-particularly nuisance abatement programs, to reduce the number and density of retail drug operations.

(g) Restrictions on smoking/tobacco use in public and private indoor facilities to reduce tobacco use among adults and youth.

(h) Server-training programs combined with law enforcement to reduce serving alcohol to minors.

(23) Epidemiological Profile: A summary and characterization of the consumption (use) patterns and consequences of the abuse of ATOD (alcohol, tobacco and other drugs) or other substances. The epidemiological profile identifies the sources of data on consumption patterns as well as the indicators used to identify consequences (e.g., morbidity and mortality).

(24) Ethics: A stated set of principles and behaviors designed to ensure the highest standards of professional practice. In Prevention Ethics areas covered typically include non-discrimination, competence, legal and moral standards, public statements, publication credit, client welfare, confidentiality, client relationships, inter-professional relationships and remuneration.

(25) Evaluation: The systematic collection and analysis of data needed to make informed decisions about the effectiveness of a specific program or intervention. Effective evaluations assess whether programs are implemented as planned and whether positive outcomes occur among participants.

(26) Evaluation method: The method used to collect and assess program and outcome information (data).

(27) Evidence-Based (Programs/Practices): As described by SAMHSA, three categories of programming that are conceptually sound, consistent, and reasonably well implemented and evaluated. The three levels include Promising Programming, Effective Programming, and Model Programming.

(28) Fidelity: Replicating a program model or strategy. A program having "fidelity" should be implemented with the same specifications of the original program. Fidelity can balance with adaptations to meet local needs.

(29) Human services: The general study of human and social services that prepares individuals to work in public and private service agencies and organizations. Human services degrees of higher education that are accepted within the Prevention field are a Bachelor's Degree in:

- (a) Applied Health Science (e.g. Community Health, Industrial Hygiene).
- (b) Communication Disorders (e.g. Audiology, Interpreting, Speech, Deaf Education).
- (c) Criminal Justice.
- (d) Environmental Health (e.g. Environmental Health, Health Administration, Occupational Safety and Health).
- (e) Gerontology.
- (f) Medical Technology.
- (g) Nursing.
- (h) Social Work or Sociology.
- (i) Kinesiology (e.g. Athletic Training, Exercise Science, Physical Education).
- (j) Recreation Administration (e.g. Leisure Services, Therapeutic Recreation).
- (k) Education.
- (l) Psychology or
- (m) Another human service degree not reflected in the list to be evaluated by ADMH staff.
- (30) Impact: The net effect observed within an outcome domain. This may also be referred to as the long-term effect.
- (31) Indicated: The Continuum of Care classification for prevention interventions focused on high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow behavioral health disorders, prior to the diagnosis of a disorder. The system was developed by the Institute of Medicine.
- (32) Individual/peer domain: One of the spheres of influence identified by Center for Substance Abuse

Prevention (CSAP) that focuses on an individual's beliefs, attitudes and actions and potential effects on substance use. Risk factors within the individual domain for substance abuse include:

- (a) Lack of knowledge about the negative consequences associated with using illegal substances.
- (b) Attitudes favorable toward use.
- (c) Early onset of use.
- (d) Biological or psychological predispositions.
- (e) Antisocial behavior.
- (f) Sensation seeking.
- (g) Lack of adult supervision.

(33) Information dissemination: One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy provides information about drug use, abuse and addiction and the effects on individuals, families and communities. It also provides information on available prevention programs and services. Examples for this strategy include:

- (a) Clearinghouses and other information resource centers.
- (b) Media campaigns.
- (c) Brochures and letters.
- (d) Speaking engagements.
- (e) Health Fairs.

(34) Institute of Medicine Model (IOM) of "The Continuum of Care": is a classification system that presents the scope of behavioral health services that includes promotion of health, prevention of disease, treatment, and maintenance/recovery. Promotion and prevention are part of this system and includes three

commonly used classifications: Universal, Selective, and Indicated.

(35) Intervention: The phase along the continuum of care between prevention and treatment. Intervention is concerned with those (usually youths) who have only recently begun to experiment with substances. The policies, programs and practices used for intervention experimentation progresses to the stage at which treatment is needed.

(36) Media advocacy: The use of television, radio, print or other mediums to influence community norms and policies. Traditionally, the role of media in prevention has been to increase general awareness about substance abuse and related problems in an attempt to change individual behavior regarding alcohol, tobacco and other drug use.

(37) Media campaign: The use of television, radio, educational materials, websites and other publications to reach parents and youth. This is a multi-dimensional approach to educate and empower youth to reject substance use.

(38) Media literacy: The training and education of people to be able to critically analyze alcohol and tobacco messages seen via television, websites, movies, print and other entertainment mediums in order to gain an understanding of how companies may market alcohol and tobacco products.

(39) National Outcome Measures (NOMS) - The Substance Abuse Mental Health Services Administration (SAMHSA) has collaborated with states in an effort to measure the outcomes for clients in all Substance Abuse Mental Health Services Administration (SAMHSA) funded programs with the goal of using information to improve services for communities.

(40) Needs assessment: A tool used to understand the nature and extent of a health or social problem in a community with the intent to respond appropriately to programmatic, policy and budgetary decisions. Needs assessments are research-based to permit planning, programming and resource expenditure guided by data rather than subjective judgments or political considerations.

(41) Objectives: To identify what is to be accomplished during a specific period to move toward achievement of a goal.

(42) Outcome: A short-term or long-term measure of changes in substance use and its consequences related to the implementation of a prevention program.

(43) Prevention: A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The goal of substance abuse prevention is to foster a climate where:

(a) Alcohol use is acceptable only for those of legal age and when the risk of adverse consequences is minimal.

(b) Prescription and over-the-counter drugs are used for the medical purposes for which they were intended.

(c) Other substances that may be abused (e.g. aerosols, paint thinners, glue) are used for their intended purposes.

(d) Illegal drugs and tobacco are not used at all.

(44) Problem identification and referral strategy: One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy aims to identify those who have indulged in the use of illicit drugs or underage use of tobacco and alcohol in order to determine whether their behavior can be reversed through education. This strategy does not include any activity designed to determine whether an individual is in need of treatment. An example of an activity for this strategy is the development of a student assistance program.

(45) Program evaluation: The systematic collection and analysis of data needed to make informed decisions about a specific program or intervention.

(46) Protective factors: Factors that may prevent substance use, particularly among youth in vulnerable environments. Examples include norms against drug use and social skills to resist drug use.

(47) Resource development: The enhancement of existing resources and the creation of new resources to facilitate community coalitions, educate the community about public health initiatives and collect, analyze and organize public health data.

(48) Selective: The Continuum of Care classification for prevention interventions focused on individuals or subgroups of the population whose risk of developing behavioral health disorders is significantly higher than average.

(49) SPF (Strategic Prevention Framework): A five-step process of planning to create a framework that promotes assets building to achieve goals. The framework steps include assessment, capacity, planning, implementation and evaluation. The framework was developed by SAMHSA (Substance Abuse and Mental Health Services Administration).

(50) Stakeholders: All members of the community who have a stake in the activities or outcomes of a substance abuse intervention. Typical stakeholders include consumers of prevention services, community partners, staff, board members, volunteers, sister agencies and funding sources.

(51) Subcontractor: Anyone who performs a service for pay under the auspices of the direct contractor with the Division of Mental Health and Substance Abuse Services. The provider can subcontract up to 10% of the budget amount without prior approval. The Division of Mental Health and Substance Abuse Services must approve amounts greater than 10%.

(52) Substance abuse: The use or abuse of illegal drugs. The abuse of inhalant. The use of alcohol, tobacco or other related products as prohibited by State or local law.

(53) Substance use: The general consumption of alcohol, tobacco or other drugs.

(54) Supervised practical experience: The direct observation of a staff member completing work duties that includes providing feedback to increase their knowledge and assist with their development. Experience gained while working towards the completion of personnel requirements. Experience is gained under the supervision of someone that has a masters in a human service related field and two (2) years work experience in substance abuse treatment or prevention or that is a Certified Prevention Specialist or a Certified Prevention Manager by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH).

(55) Target population: A group of people, usually those at high risk, who may have specific programs, practices and policies targeted to reach them in order to prevent substance use.

(56) Treatment: An organized array of services and interventions with a primary focus on curing or treating specific disorders or conditions, providing both acute stabilization and ongoing therapy.

(57) Universal: The Continuum of Care classification for prevention interventions focused on the general public or a population subgroup that have not been identified on the basis of risk.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **New Rule:** Filed June 19, 2012; effective July 24, 2012. **Repealed:** Filed June 25, 2012; effective July 30, 2012. Amended: Filed May 31, 2013; effective September 27, 2013.

Ed Note: Was previously Rule 580-9-47-.02, renumbered to .01 as per certification filed June 19, 2012; effective July 24, 2012.

580-9-47-.02 Personnel

(1) It will be incumbent on the Board of Directors of each organization/agency to develop the qualifications for the position of Executive Director.

This is a full-time position and the required qualifications for the Executive Director should be commensurate with the professional staff employed by the organization/agency and with the continuum of care provided by the organization/agency.

(2) The Prevention Director has to meet at least one (1) of the following criteria:

(a) Have a Master's degree in a human services related field and two(2) years of work experience in substance abuse treatment or prevention or

(b) Be certified as either a Certified Prevention Specialist or a Certified Prevention Manager by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH).

(c) Have a Bachelor's degree in a human services related field and one (1) year work experience in substance abuse treatment or prevention that includes all of the following:

1. Two thousand (2000) hours in substance abuse treatment or prevention.

2. One hundred (100) hours of prevention education training that includes four (4) hours of Prevention-specific HIV/AIDS education, six (6) hours of Prevention-specific Ethics, and four (4) hours of Managing Disruptive Audience Behavior.

3. A minimum of one hundred and twenty (120) hours of supervised practical experience with at least ten (10) hours in each of the following:

(i) Individual/peer.

(ii) Family.

(iii) Community.

(iv) School.

4. Evaluations from supervisors and colleagues.

5. A signed code of ethics form.

6. Within two (2) years of assuming the duties of Prevention Director (who solely has the criteria outlined in standard 580-9-47-.02(2)(a)(3)), the staff member must take the appropriate action steps to meet the requirements outlined in standard 580-9-47-02(2).

(d) When the Prevention budget of a provider organization is \$120,000 or less, a single staff member may serve as Chief Executive Officer (CEO)/Executive Director (ED) and Prevention Director. This staff member must meet the requirements of the Prevention Director.

(e) A minimum of twenty (20) contact hours of continuing education training is required each year. The continuing education year begins with the start date of performing duties as a Prevention Director. Six (6) contact hours of continuing education may be obtained internal to the organization related to disease concept and pharmacology. The remaining courses shall focus on substance abuse prevention.

(f) Documentation of all education and experience verification, professional certification and continuing education training shall be maintained for each Prevention Director.

(3) Each prevention service provider shall meet at least one (1) of the following criteria:

(a) Education, experience and/or certification requirements of the Prevention Director as outlined in standard 580-9-47-.02(2)(a)(3).

(b) Be certified as an Associate Prevention Specialist by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH).

(4) When this criteria is not met, a person may provide prevention services under all of the following conditions:

(a) The Prevention Director provides general supervision of the person with a minimum of two (2) hours of direct supervision each month.

(b) The person must possess at least a bachelor's degree.

(c) The person participates in a structured and documented training program that includes completion of the following trainings within the allotted time period after assuming prevention responsibilities.

1. All work under supervision must lead to certification as an Associate Prevention Specialist by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH) within eighteen (18) months of employment.

2. All work performed by an employee or a contracted service provider who fails to meet the above requirements within one (1) year of employment are subject to a chargeback by the Alabama Department of Mental Health (ADMH).

3. Prevention Director and all Prevention Service Providers, within six (6) months of hire, shall complete a minimum of twenty (20) contact hours of continuing education (CE) training.

(i) The initial hire CE training shall include the following prevention specific trainings:

(I) AIDS/HIV education, four hours (4).

(II) Ethics, six hours (6).

(III) Managing Disruptive Audience Behavior, four hours (4).

(IV) Six (6) hours of any other substance abuse specific prevention specific training.

(ii) The CE year begins with the hiring date to perform duties.

(iii) After initial hire CE training hours are accomplished, each prevention service provider shall complete a minimum of twenty (20) contact hours of CE training every year of prevention specific training. The training may include but is not limited to the following prevention specific training:

- (I) AIDS/HIV education, four hours (4) at least every two (2) years.
- (II) Ethics, four hours (4) at least every two (2) years.
- (III) Twelve (12) hours of any other substance abuse specific prevention specific training.
- (IV) Six (6) hours of CE may be obtained internal to the organization.
- (V) The CE requirement applies to full-time, part-time and contract workers who are providing prevention service.
- (d) Documentation of all education and experience verification, professional certification, and continuing education training shall be maintained for each prevention service provider.
- (5) Criminal History Checks: All providers who provide prevention services and practice to communities must have a current (upon hire and every [5] five years thereafter) criminal history check. Documentation must be maintained in each staff person's file.
- (6) Subcontracting and Scope of Service Obligation. A subcontractor of prevention services shall be responsible for meeting the education, experience and professional certification requirements for prevention service provider unless they are a drug free community or coalition that has completed a CADCA approved Leadership Course.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **New Rule:** Filed June 19, 2012; effective July 24, 2012. **Repealed:** Filed June 25, 2012; effective July 30, 2012. Amended: Filed May 31, 2013; effective September 27, 2013.

Ed Note: Was previously Rule 580-9-47-.02, renumbered to .01 as per certification filed June 19, 2012; effective July 24, 2012.

580-9-47-.03 Prevention Records

(1) Prevention activities shall be documented by hard copy format and kept on file by the prevention provider.

(2) Certified staff members who perform prevention services must document the following:

(a) Date and physical location where service was delivered.

(b) Topic addressed.

(c) Description of activities.

(d) Length of the presentation.

(e) Number of participants.

(f) Identification of participants by gender.

(g) Identification of participants by age.

(h) Identification of participants by race/ethnicity.

(i) Domain.

(j) Prevention strategy.

(k) An ADMH approved attendance log or a printout of the teacher list with teacher signature or authorized classroom representative (prevention activity form).

(l) The signature of the individual(s) who provided the actual prevention service.

(m) Applicable billing codes.

(3) All supporting documentation for prevention services performed by a provider must be maintained and readily available for at least three (3) previous fiscal years.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **New Rule:** Filed June 19, 2012; effective July 24, 2012. **Repealed:** Filed June 25, 2012; effective July 30, 2012. Amended: Filed May 31, 2013; effective September 27, 2013.

Ed Note: Was previously Rule 580-9-47-.02, renumbered to .01 as per certification filed June 19, 2012; effective July 24, 2012.

580-9-47-.04 Community Planning Prevention providers shall utilize the Strategic Prevention Framework (SPF) to plan strategic efforts for service provision, mobilization of community partners and to change community norms and practice. A prevention plan will be submitted to the Alabama Department of Mental Health (ADMH) Division of Mental Health and Substance Abuse Services Office of Prevention once every two (2) years.

(1) Assessment.

(a) Each prevention agency will assess prevention needs based on State epidemiological data provided. Additionally, service provision will be driven by cultural competency, local data and demographics of the specific target population.

(b) The prevention agency will maintain a roster of names and contact information for stakeholders representing the following sectors:

1. Youth.
2. Parents.
3. Businesses.
4. Schools/school system.
5. Media.
6. Youth organizations.

7. Law enforcement.
8. Religious or fraternal organizations.
9. Civic groups and/or Healthcare professionals.
10. State, local, or tribal governmental agencies.
11. Children's Policy Council.
12. Faith based entities.
13. Participants of service(s).
- (2) Data collection.
 - (a) The prevention agency will collect and maintain data on National Outcome Measures (NOMS) as defined by the Substance Abuse Mental Health Services Administration (SAMHSA) and communicated by the Alabama Department of Mental Health (ADMH).
- (3) Capacity.
 - (a) Each prevention agency will document the agency and community's internal and external capacity as evidenced by maintaining a list of the following services:
 1. Transportation.
 2. Curricula.
 3. Equipment.
 4. Faith based resources.
 5. Community partners.
 6. Coalition support.
 7. Training.
 8. Technical assistance.
 9. Prevention funding.

(4) Planning.

(a) Prevention providers will formulate an effective plan for evidence based programs, practices and policies. A mix of strategies will be optimal for a comprehensive approach to prevention.

(b) Each Prevention agency's plan will outline the programs, practices and policies that will be used to address substance abuse in the community and include the following information:

1. Target population(s).
2. Objectives.
3. Tasks/activities.
4. Goals.
5. Collaborators.
6. Funding sources.
7. Outcome measures.

(c) Each prevention agency will consider risk/protective factors and contributing conditions (e.g. local policies, practices, community culture or population shifts) in its relationship to the planning process.

(5) Implementation.

(a) Each prevention agency will maintain an annual, quarterly updated timeline that indicates anticipated and actual dates activities associated with prevention strategies.

(6) Program evaluation.

(a) Each prevention agency will maintain an evaluation plan that identifies the instrument that will be utilized to measure outcomes of the target population. The evaluation type may include pre/post tests, grades, school incident reports, attendance/absences or other statistical

data that is relevant to the community and target population.

(b) The prevention agency shall have a mechanism where applicable to share findings from the evaluation with community stakeholders and funding sources.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **New Rule:** Filed June 19, 2012; effective July 24, 2012. **Repealed:** Filed June 25, 2012; effective July 30, 2012. **Amended:** Filed May 31, 2013; effective September 27, 2013.

Ed Note: Was previously Rule 580-9-47-.02, renumbered to .01 as per certification filed June 19, 2012; effective July 24, 2012.

580-9-47-.05 Prevention Strategies

(1) All prevention strategies proposed for implementation shall be documented in a prevention plan that follows the Strategic Prevention Framework, submitted to the Alabama Department of Mental Health (ADMH) Division of Mental Health and Substance Abuse Services Office of Prevention, every (2) years.

(a) Amendments to the Prevention Plan are the responsibility of the provider and must be approved by the Alabama Department of Mental Health (ADMH) Division of Mental Health and Substance Abuse Services Office of Prevention prior to implementation.

(2) All prevention strategies must be approved by the Alabama Department of Mental Health (ADMH) Division of Mental Health and Substance Abuse Services Office of Prevention prior to implementation.

(3) All prevention strategies implemented must be documented on a prevention activity sheet.

(a) Education.

1. All Education strategies must be evidence based.

2. Education strategies must be used in conjunction with another strategy(ies).

(b) Alternative.

1. Alternative strategies must be used in conjunction with other Center for Substance Abuse Prevention (CSAP) strategies to decrease substance use and abuse among adolescents and young adults. Documentation must demonstrate such activity.

2. Adult to participant ratio must be assessed to ensure safety and supervision with all alternative activities as deemed appropriate by the agency.

3. Alternative activities should be age appropriate and culturally relevant to the target population being served.

4. Alternative activities must be used in conjunction with another strategy(ies).

(c) Community Based Process.

1. Community Based Processes must focus on capacity enhancement through organizing, planning, interagency collaboration, coalition building and networking.

2. Community Based Processes must be used in conjunction with another strategy(ies).

(d) Problem Identification & Referral.

1. Problem Identification & Referral services may not include an assessment for treatment services.

2. Referral programs shall not be intervention programs that involve mental illness and substance abuse treatment. Limited prevention activities may include education and brief educational interventions that lead to specific referral services.

3. Brief interventions under Problem Identification and Referral must result in referrals facilitated by prevention staff with health care providers,

juvenile justice, school personnel or other community resources as appropriate.

4. Problem Identification & Referral strategies must be used only with indicated or selective population(s).

5. School assistance programs must be examined for best practices recommended by the Department of Education. Program goals must be measurable and address only the education intervention.

6. School assistance programs must be examined for best practices under the auspices of recommendations set forth by the Department of Education. Program goals must be measurable and address only the educational intervention.

7. Problem Identification and Referral must be used in conjunction with another strategy(ies).

(e) Environmental Strategies.

1. The environmental strategy must address access and/or availability of tobacco, alcohol and/or other drugs and social norms within the community domain.

2. Environmental strategies must not be limited to information dissemination.

3. Access and availability strategies must be measurable to ascertain whether program goals and objectives have been achieved.

4. The environmental strategy may define a community as a neighborhood, town, school district, zip code designation, community's name with specific boundaries (streets/avenues) and a specified urban, rural or suburban area.

5. Documentation of partnerships to meet environmental strategies shall include all support documentation.

6. Media advocacy must accompany an environmental strategy. The media advocacy approach must

be documented and include planning documents, contracts for service, sample messages and publicity content.

(f) Information Dissemination Strategies.

1. The information dissemination strategy must provide information through one-way communication between the agency and the community (audience), with limited contact between the two.

2. Information Dissemination must be used in conjunction with another strategy(ies).

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **New Rule:** Filed June 19, 2012; effective July 24, 2012. **Repealed:** Filed June 25, 2012; effective July 30, 2012. Amended: Filed May 31, 2013; effective September 27, 2013.

Ed Note: Was previously Rule 580-9-47-.02, renumbered to .01 as per certification filed June 19, 2012; effective July 24, 2012.

580-9-47-.06 Performance Improvement The provider shall provide written documentation of the entity's operation and maintenance of a Performance Improvement System.

(1) All prevention programs shall have a Performance Improvement designed to:

(a) Monitor and assess prevention processes and outcomes.

(b) Identify organizational and capacity issues as they relate to programming.

(c) Improve the overall quality of prevention practice.

(b) Improve the overall quality of prevention programs.

(c) Instill a process for informed decision making on appropriate service provision.

(d) Ensure program fidelity and documentation, if adaptation(s) are needed and document consultation with the program developer.

(2) The Performance Improvement System shall perform an annual feedback survey to community partners, parents of youth participants, youth participants, adult participants and consumers of services.

(3) The Performance Improvement System shall perform an observation of direct prevention staff at least twice during the fiscal year. Direct feedback to staff will evaluate the following:

(a) Rapport with the targeted audience.

(b) Delivery and accuracy of information.

(c) Awareness and sensitivity to cultural responsiveness.

(d) Prevention activities are responsive to the developmental needs of the target audience.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **New Rule:** Filed June 19, 2012; effective July 24, 2012. **Repealed:** Filed June 25, 2012; effective July 30, 2012. **Amended:** Filed May 31, 2013; effective September 27, 2013.

Ed Note: Was previously Rule 580-9-47-.02, renumbered to .01 as per certification filed June 19, 2012; effective July 24, 2012.

ALABAMA DEPARTMENT OF MENTAL HEALTH

SUBSTANCE ABUSE SERVICES

ADMINISTRATIVE CODE

CHAPTER 580-9-47 PREVENTION STANDARDS

TABLE CONTENTS

580-9-47-.01	Definitions
580-9-47-.02	Personnel
580-9-47-.03	Prevention Records
580-9-47-.04	Community Planning
580-9-47-.05	Prevention Strategies
580-9-47-.06	Performance Improvement

580-9-47-.01 **Definitions** All definitions provided herein and the addenda are applicable to all Prevention Standards, practices and policies in the State of Alabama.

(1) Activities: Efforts to be conducted to achieve the identified objectives.

(2) Adaptation: Modification made to a chosen intervention's changes in audience, setting and/or intensity of program delivery. Research indicates that adaptations are most effective when underlying program theory is understood, core program components have been identified and both the community and needs of a population of interest have been carefully defined.

(3) Advocacy: To promote the interest or cause of a particular initiative.

(4) Alternative Activities: One of the six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy provides for the participation of the target population in activities that are alcohol, tobacco and drug-free. Examples of alternative activities include drug-free dances and parties, youth and adult leadership activities, community drop-in centers, community service activities and mentoring program. This strategy is based upon the assumption that constructive and healthy activities offset

the attraction to drugs; or otherwise meet the needs usually filled by drugs; and can lead to the reduction or elimination of substance use. The use of alternative activities alone as a prevention strategy has not been shown to be effective, but alternative activities should be part of a comprehensive plan.

(5) Best practices: Programs, practices and policies that have been rigorously researched and evaluated and have been shown to effectively prevent or delay substance abuse.

(6) Center for Substance Abuse Prevention (CSAP): CSAP is a center within the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides national leadership in the effort to prevent alcohol, tobacco and other drug use. CSAP works with states and communities to develop comprehensive prevention approaches to promote healthy communities.

(7) Capacity: The infrastructure necessary to support needed programs and services in communities. Examples include human resources (e.g. personnel with different skill sets), material resources (e.g. technical abilities and systems) and administrative resources (e.g. telephones).

(8) Coalition: A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy and drug free community.

(9) Community: A group of individuals who share cultural and social experiences within a common geographic or political jurisdiction. A community may be a neighborhood, town, part of a county, county school district, congressional district or regional area.

(10) Community-based Process Strategy: One of six(6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy aims to enhance the ability of the community to provide more effective prevention and treatment services for substance abuse disorders by including activities such as organizing,

planning, interagency collaboration, coalition building and networking.

(11) Community domain: One of the spheres of influences identified by the Center for Substance Abuse Prevention (CSAP) to prevent substance use. Community encompasses the societal environments in which consumers live, work and socialize. Community domain risk factors include:

(a) Lack of bonding or attachment to social and community institutions.

(b) Lack of community awareness or acknowledgment of substance use problems.

(c) Community norms favorable to substance use and tolerant of abuse.

(d) Insufficient community resources to support prevention efforts.

(e) Inability to address substance abuse issues.

(12) Community norms: The attitudes and policies toward substance use and crime that a community holds, which are communicated in a variety of ways such as laws, written policies, informal social practices and expectations that parents and other members of the community may have of young people.

(13) Comprehensive approach: A systemic and programmatic approach to prevention services that addresses risk and protective factors from multiple domains using different programs, practices and policies.

(14) Continuing education: Education and training experiences designed to update knowledge and skills. Every activity offered for continuing education (CE) credit, regardless of its length, must have clearly defined educational objectives and goals that must be made available to participants prior to enrollment in the workshop or training. Prevention CE hours must focus on subject matter that is specific to prevention and have explicit prevention learning objectives.

(15) Criminal History Check: is a listing of certain information taken from fingerprint submissions retained by federal and state law enforcement agencies in connection with arrests and, in some instances, federal employment, naturalization, or military service.

(16) Culture: The behaviors and beliefs characteristic of a particular social, ethnic or age group. Deep culture includes those characteristics that are not visible by observation, which surface culture includes those characteristics that are visible by observation.

(17) Cultural competence: The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of substance abuse prevention and reduction. Cultural competence is maximized by diverse representation during every phase of the implementation process and the process and outcomes evaluation.

(18) Data: Information or facts from which conclusions can be drawn; collected according to a methodology using specific research methods and instruments. A data driven process is whereby decisions are informed by and tested against systematically gathered and analyzed information.

(19) Domain: The spheres of influence (activity) that may affect substance use. The domains are individual (peer), family, school (work) and community (society/environment). Characteristics and conditions that exist within each domain of activity may act as risk or protective factors and present an opportunity for preventive action.

(20) Education strategy: One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy involves interactive communication between the educator and participants and goes beyond information dissemination. Activities for this strategy aim to affect life and social skills, including decision making refusal and critical analysis skills. Examples of activities for this strategy include classroom and small group sessions, parenting and family management classes, peer leader and peer helper programs, education programs for youth groups and children of substance abusers.

(21) Environment: In the Public Health Model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces or sustains problematic use of drugs.

(22) Environment strategy: One(1) of six(6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the substance use in the general population. Examples of methods used include:

(a) Establishing and reviewing drug policies in schools.

(b) Reviewing and modifying alcohol and tobacco advertising practices.

(c) Product pricing (increases in tobacco or alcohol taxes).

(d) Enacting policies targeting underage drivers such as zero (0) tolerance laws for underage drinking and driving and graduated driving privileges.

(e) Interventions addressing location and density of retail outlets selling alcohol and tobacco.

(f) Implementing neighborhood anti-drug strategies, such as citizen surveillance and the use of civil remedies-particularly nuisance abatement programs, to reduce the number and density of retail drug operations.

(g) Restrictions on smoking/tobacco use in public and private indoor facilities to reduce tobacco use among adults and youth.

(h) Server-training programs combined with law enforcement to reduce serving alcohol to minors.

(23) Epidemiological Profile: A summary and characterization of the consumption (use) patterns and consequences of the abuse of ATOD (alcohol, tobacco and other drugs) or other substances. The epidemiological profile identifies the sources of data on consumption patterns as well as the indicators used to identify consequences (e.g., morbidity and mortality).

(24) Ethics: A stated set of principles and behaviors designed to ensure the highest standards of professional practice. In Prevention Ethics areas covered typically include non-discrimination, competence, legal and moral standards, public statements, publication credit, client welfare, confidentiality, client relationships, inter-professional relationships and remuneration.

(25) Evaluation: The systematic collection and analysis of data needed to make informed decisions about the effectiveness of a specific program or intervention. Effective evaluations assess whether programs are implemented as planned and whether positive outcomes occur among participants.

(26) Evaluation method: The method used to collect and assess program and outcome information (data).

(27) Evidence-Based (Programs/Practices): As described by SAMHSA, three categories of programming that are conceptually sound, consistent, and reasonably well implemented and evaluated. The three levels include Promising Programming, Effective Programming, and Model Programming.

(28) Fidelity: Replicating a program model or strategy. A program having "fidelity" should be implemented with the same specifications of the original program. Fidelity can balance with adaptations to meet local needs.

(29) Human services: The general study of human and social services that prepares individuals to work in public and private service agencies and organizations. Human services degrees of higher education that are accepted within the Prevention field are a Bachelor's Degree in:

(a) Applied Health Science (e.g. Community Health, Industrial Hygiene).

(b) Communication Disorders (e.g. Audiology, Interpreting, Speech, Deaf Education).

(c) Criminal Justice.

(d) Environmental Health (e.g. Environmental Health, Health Administration, Occupational Safety and Health).

(e) Gerontology.

(f) Medical Technology.

(g) Nursing.

(h) Social Work or Sociology.

(i) Kinesiology (e.g. Athletic Training, Exercise Science, Physical Education).

(j) Recreation Administration (e.g. Leisure Services, Therapeutic Recreation).

(k) Education.

(l) Psychology or

(m) Another human service degree not reflected in the list to be evaluated by ADMH staff.

(30) Impact: The net effect observed within an outcome domain. This may also be referred to as the long-term effect.

(31) Indicated: The Continuum of Care classification for prevention interventions focused on high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow behavioral health disorders, prior to the diagnosis of a disorder. The system was developed by the Institute of Medicine.

(32) Individual/peer domain: One of the spheres of influence identified by Center for Substance Abuse

Prevention (CSAP) that focuses on an individual's beliefs, attitudes and actions and potential effects on substance use. Risk factors within the individual domain for substance abuse include:

- (a) Lack of knowledge about the negative consequences associated with using illegal substances.
- (b) Attitudes favorable toward use.
- (c) Early onset of use.
- (d) Biological or psychological predispositions.
- (e) Antisocial behavior.
- (f) Sensation seeking.
- (g) Lack of adult supervision.

(33) Information dissemination: One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy provides information about drug use, abuse and addiction and the effects on individuals, families and communities. It also provides information on available prevention programs and services. Examples for this strategy include:

- (a) Clearinghouses and other information resource centers.
- (b) Media campaigns.
- (c) Brochures and letters.
- (d) Speaking engagements.
- (e) Health Fairs.

(34) Institute of Medicine Model (IOM) of "The Continuum of Care": is a classification system that presents the scope of behavioral health services that includes promotion of health, prevention of disease, treatment, and maintenance/recovery. Promotion and prevention are part of this system and includes three

commonly used classifications: Universal, Selective, and Indicated.

(35) Intervention: The phase along the continuum of care between prevention and treatment. Intervention is concerned with those (usually youths) who have only recently begun to experiment with substances. The policies, programs and practices used for intervention experimentation progresses to the stage at which treatment is needed.

(36) Media advocacy: The use of television, radio, print or other mediums to influence community norms and policies. Traditionally, the role of media in prevention has been to increase general awareness about substance abuse and related problems in an attempt to change individual behavior regarding alcohol, tobacco and other drug use.

(37) Media campaign: The use of television, radio, educational materials, websites and other publications to reach parents and youth. This is a multi-dimensional approach to educate and empower youth to reject substance use.

(38) Media literacy: The training and education of people to be able to critically analyze alcohol and tobacco messages seen via television, websites, movies, print and other entertainment mediums in order to gain an understanding of how companies may market alcohol and tobacco products.

(39) National Outcome Measures (NOMS) - The Substance Abuse Mental Health Services Administration (SAMHSA) has collaborated with states in an effort to measure the outcomes for clients in all Substance Abuse Mental Health Services Administration (SAMHSA) funded programs with the goal of using information to improve services for communities.

(40) Needs assessment: A tool used to understand the nature and extent of a health or social problem in a community with the intent to respond appropriately to programmatic, policy and budgetary decisions. Needs assessments are research-based to permit planning, programming and resource expenditure guided by data rather than subjective judgments or political considerations.

(41) Objectives: To identify what is to be accomplished during a specific period to move toward achievement of a goal.

(42) Outcome: A short-term or long-term measure of changes in substance use and its consequences related to the implementation of a prevention program.

(43) Prevention: A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The goal of substance abuse prevention is to foster a climate where:

(a) Alcohol use is acceptable only for those of legal age and when the risk of adverse consequences is minimal.

(b) Prescription and over-the-counter drugs are used for the medical purposes for which they were intended.

(c) Other substances that may be abused (e.g. aerosols, paint thinners, glue) are used for their intended purposes.

(d) Illegal drugs and tobacco are not used at all.

(44) Problem identification and referral strategy: One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy aims to identify those who have indulged in the use of illicit drugs or underage use of tobacco and alcohol in order to determine whether their behavior can be reversed through education. This strategy does not include any activity designed to determine whether an individual is in need of treatment. An example of an activity for this strategy is the development of a student assistance program.

(45) Program evaluation: The systematic collection and analysis of data needed to make informed decisions about a specific program or intervention.

(46) Protective factors: Factors that may prevent substance use, particularly among youth in vulnerable environments. Examples include norms against drug use and social skills to resist drug use.

(47) Resource development: The enhancement of existing resources and the creation of new resources to facilitate community coalitions, educate the community about public health initiatives and collect, analyze and organize public health data.

(48) Selective: The Continuum of Care classification for prevention interventions focused on individuals or subgroups of the population whose risk of developing behavioral health disorders is significantly higher than average.

(49) SPF (Strategic Prevention Framework): A five-step process of planning to create a framework that promotes assets building to achieve goals. The framework steps include assessment, capacity, planning, implementation and evaluation. The framework was developed by SAMHSA (Substance Abuse and Mental Health Services Administration).

(50) Stakeholders: All members of the community who have a stake in the activities or outcomes of a substance abuse intervention. Typical stakeholders include consumers of prevention services, community partners, staff, board members, volunteers, sister agencies and funding sources.

(51) Subcontractor: Anyone who performs a service for pay under the auspices of the direct contractor with the Division of Mental Health and Substance Abuse Services. The provider can subcontract up to 10% of the budget amount without prior approval. The Division of Mental Health and Substance Abuse Services must approve amounts greater than 10%.

(52) Substance abuse: The use or abuse of illegal drugs. The abuse of inhalant. The use of alcohol, tobacco or other related products as prohibited by State or local law.

(53) Substance use: The general consumption of alcohol, tobacco or other drugs.

(54) Supervised practical experience: The direct observation of a staff member completing work duties that includes providing feedback to increase their knowledge and assist with their development. Experience gained while working towards the completion of personnel requirements. Experience is gained under the supervision of someone that has a masters in a human service related field and two (2) years work experience in substance abuse treatment or prevention or that is a Certified Prevention Specialist or a Certified Prevention Manager by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH).

(55) Target population: A group of people, usually those at high risk, who may have specific programs, practices and policies targeted to reach them in order to prevent substance use.

(56) Treatment: An organized array of services and interventions with a primary focus on curing or treating specific disorders or conditions, providing both acute stabilization and ongoing therapy.

(57) Universal: The Continuum of Care classification for prevention interventions focused on the general public or a population subgroup that have not been identified on the basis of risk.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **New Rule:** Filed June 19, 2012; effective July 24, 2012. **Repealed:** Filed June 25, 2012; effective July 30, 2012. Amended: Filed May 31, 2013; effective September 27, 2013.

Ed Note: Was previously Rule 580-9-47-.02, renumbered to .01 as per certification filed June 19, 2012; effective July 24, 2012.

580-9-47-.02 Personnel

(1) It will be incumbent on the Board of Directors of each organization/agency to develop the qualifications for the position of Executive Director.

This is a full-time position and the required qualifications for the Executive Director should be commensurate with the professional staff employed by the organization/agency and with the continuum of care provided by the organization/agency.

(2) The Prevention Director has to meet at least one (1) of the following criteria:

(a) Have a Master's degree in a human services related field and two(2) years of work experience in substance abuse treatment or prevention or

(b) Be certified as either a Certified Prevention Specialist or a Certified Prevention Manager by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH).

(c) Have a Bachelor's degree in a human services related field and one (1) year work experience in substance abuse treatment or prevention that includes all of the following:

1. Two thousand (2000) hours in substance abuse treatment or prevention.

2. One hundred (100) hours of prevention education training that includes four (4) hours of Prevention-specific HIV/AIDS education, six (6) hours of Prevention-specific Ethics, and four (4) hours of Managing Disruptive Audience Behavior.

3. A minimum of one hundred and twenty (120) hours of supervised practical experience with at least ten (10) hours in each of the following:

(i) Individual/peer.

(ii) Family.

(iii) Community.

(iv) School.

4. Evaluations from supervisors and colleagues.

5. A signed code of ethics form.

6. Within two (2) years of assuming the duties of Prevention Director (who solely has the criteria outlined in standard 580-9-47-.02(2)(a)(3)), the staff member must take the appropriate action steps to meet the requirements outlined in standard 580-9-47-02(2).

(d) When the Prevention budget of a provider organization is \$120,000 or less, a single staff member may serve as Chief Executive Officer (CEO)/Executive Director (ED) and Prevention Director. This staff member must meet the requirements of the Prevention Director.

(e) A minimum of twenty (20) contact hours of continuing education training is required each year. The continuing education year begins with the start date of performing duties as a Prevention Director. Six (6) contact hours of continuing education may be obtained internal to the organization related to disease concept and pharmacology. The remaining courses shall focus on substance abuse prevention.

(f) Documentation of all education and experience verification, professional certification and continuing education training shall be maintained for each Prevention Director.

(3) Each prevention service provider shall meet at least one (1) of the following criteria:

(a) Education, experience and/or certification requirements of the Prevention Director as outlined in standard 580-9-47-.02(2)(a)(3).

(b) Be certified as an Associate Prevention Specialist by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH).

(4) When this criteria is not met, a person may provide prevention services under all of the following conditions:

(a) The Prevention Director provides general supervision of the person with a minimum of two (2) hours of direct supervision each month.

(b) The person must possess at least a bachelor's degree.

(c) The person participates in a structured and documented training program that includes completion of the following trainings within the allotted time period after assuming prevention responsibilities.

1. All work under supervision must lead to certification as an Associate Prevention Specialist by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH) within eighteen (18) months of employment.

2. All work performed by an employee or a contracted service provider who fails to meet the above requirements within one (1) year of employment are subject to a chargeback by the Alabama Department of Mental Health (ADMH).

3. Prevention Director and all Prevention Service Providers, within six (6) months of hire, shall complete a minimum of twenty (20) contact hours of continuing education (CE) training.

(i) The initial hire CE training shall include the following prevention specific trainings:

(I) AIDS/HIV education, four hours (4).

(II) Ethics, six hours (6).

(III) Managing Disruptive Audience Behavior, four hours (4).

(IV) Six (6) hours of any other substance abuse specific prevention specific training.

(ii) The CE year begins with the hiring date to perform duties.

(iii) After initial hire CE training hours are accomplished, each prevention service provider shall complete a minimum of twenty (20) contact hours of CE training every year of prevention specific training. The training may include but is not limited to the following prevention specific training:

- (I) AIDS/HIV education, four hours (4) at least every two (2) years.
- (II) Ethics, four hours (4) at least every two (2) years.
- (III) Twelve (12) hours of any other substance abuse specific prevention specific training.
- (IV) Six (6) hours of CE may be obtained internal to the organization.
- (V) The CE requirement applies to full-time, part-time and contract workers who are providing prevention service.
- (d) Documentation of all education and experience verification, professional certification, and continuing education training shall be maintained for each prevention service provider.
- (5) Criminal History Checks: All providers who provide prevention services and practice to communities must have a current (upon hire and every [5] five years thereafter) criminal history check. Documentation must be maintained in each staff person's file.
- (6) Subcontracting and Scope of Service Obligation. A subcontractor of prevention services shall be responsible for meeting the education, experience and professional certification requirements for prevention service provider unless they are a drug free community or coalition that has completed a CADCA approved Leadership Course.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **New Rule:** Filed June 19, 2012; effective July 24, 2012. **Repealed:** Filed June 25, 2012; effective July 30, 2012. Amended: Filed May 31, 2013; effective September 27, 2013.

Ed Note: Was previously Rule 580-9-47-.02, renumbered to .01 as per certification filed June 19, 2012; effective July 24, 2012.

580-9-47-.03 Prevention Records

(1) Prevention activities shall be documented by hard copy format and kept on file by the prevention provider.

(2) Certified staff members who perform prevention services must document the following:

(a) Date and physical location where service was delivered.

(b) Topic addressed.

(c) Description of activities.

(d) Length of the presentation.

(e) Number of participants.

(f) Identification of participants by gender.

(g) Identification of participants by age.

(h) Identification of participants by race/ethnicity.

(i) Domain.

(j) Prevention strategy.

(k) An ADMH approved attendance log or a printout of the teacher list with teacher signature or authorized classroom representative (prevention activity form).

(l) The signature of the individual(s) who provided the actual prevention service.

(m) Applicable billing codes.

(3) All supporting documentation for prevention services performed by a provider must be maintained and readily available for at least three (3) previous fiscal years.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **New Rule:** Filed June 19, 2012; effective July 24, 2012. **Repealed:** Filed June 25, 2012; effective July 30, 2012. Amended: Filed May 31, 2013; effective September 27, 2013.

Ed Note: Was previously Rule 580-9-47-.02, renumbered to .01 as per certification filed June 19, 2012; effective July 24, 2012.

580-9-47-.04 Community Planning Prevention providers shall utilize the Strategic Prevention Framework (SPF) to plan strategic efforts for service provision, mobilization of community partners and to change community norms and practice. A prevention plan will be submitted to the Alabama Department of Mental Health (ADMH) Division of Mental Health and Substance Abuse Services Office of Prevention once every two (2) years.

(1) Assessment.

(a) Each prevention agency will assess prevention needs based on State epidemiological data provided. Additionally, service provision will be driven by cultural competency, local data and demographics of the specific target population.

(b) The prevention agency will maintain a roster of names and contact information for stakeholders representing the following sectors:

1. Youth.
2. Parents.
3. Businesses.
4. Schools/school system.
5. Media.
6. Youth organizations.

7. Law enforcement.
 8. Religious or fraternal organizations.
 9. Civic groups and/or Healthcare professionals.
 10. State, local, or tribal governmental agencies.
 11. Children's Policy Council.
 12. Faith based entities.
 13. Participants of service(s).
- (2) Data collection.
- (a) The prevention agency will collect and maintain data on National Outcome Measures (NOMS) as defined by the Substance Abuse Mental Health Services Administration (SAMHSA) and communicated by the Alabama Department of Mental Health (ADMH).
- (3) Capacity.
- (a) Each prevention agency will document the agency and community's internal and external capacity as evidenced by maintaining a list of the following services:
1. Transportation.
 2. Curricula.
 3. Equipment.
 4. Faith based resources.
 5. Community partners.
 6. Coalition support.
 7. Training.
 8. Technical assistance.
 9. Prevention funding.

(4) Planning.

(a) Prevention providers will formulate an effective plan for evidence based programs, practices and policies. A mix of strategies will be optimal for a comprehensive approach to prevention.

(b) Each Prevention agency's plan will outline the programs, practices and policies that will be used to address substance abuse in the community and include the following information:

1. Target population(s).
2. Objectives.
3. Tasks/activities.
4. Goals.
5. Collaborators.
6. Funding sources.
7. Outcome measures.

(c) Each prevention agency will consider risk/protective factors and contributing conditions (e.g. local policies, practices, community culture or population shifts) in its relationship to the planning process.

(5) Implementation.

(a) Each prevention agency will maintain an annual, quarterly updated timeline that indicates anticipated and actual dates activities associated with prevention strategies.

(6) Program evaluation.

(a) Each prevention agency will maintain an evaluation plan that identifies the instrument that will be utilized to measure outcomes of the target population. The evaluation type may include pre/post tests, grades, school incident reports, attendance/absences or other statistical

data that is relevant to the community and target population.

(b) The prevention agency shall have a mechanism where applicable to share findings from the evaluation with community stakeholders and funding sources.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **New Rule:** Filed June 19, 2012; effective July 24, 2012. **Repealed:** Filed June 25, 2012; effective July 30, 2012. Amended: Filed May 31, 2013; effective September 27, 2013.

Ed Note: Was previously Rule 580-9-47-.02, renumbered to .01 as per certification filed June 19, 2012; effective July 24, 2012.

580-9-47-.05 Prevention Strategies

(1) All prevention strategies proposed for implementation shall be documented in a prevention plan that follows the Strategic Prevention Framework, submitted to the Alabama Department of Mental Health (ADMH) Division of Mental Health and Substance Abuse Services Office of Prevention, every (2) years.

(a) Amendments to the Prevention Plan are the responsibility of the provider and must be approved by the Alabama Department of Mental Health (ADMH) Division of Mental Health and Substance Abuse Services Office of Prevention prior to implementation.

(2) All prevention strategies must be approved by the Alabama Department of Mental Health (ADMH) Division of Mental Health and Substance Abuse Services Office of Prevention prior to implementation.

(3) All prevention strategies implemented must be documented on a prevention activity sheet.

(a) Education.

1. All Education strategies must be evidence based.

2. Education strategies must be used in conjunction with another strategy(ies).

(b) Alternative.

1. Alternative strategies must be used in conjunction with other Center for Substance Abuse Prevention (CSAP) strategies to decrease substance use and abuse among adolescents and young adults. Documentation must demonstrate such activity.

2. Adult to participant ratio must be assessed to ensure safety and supervision with all alternative activities as deemed appropriate by the agency.

3. Alternative activities should be age appropriate and culturally relevant to the target population being served.

4. Alternative activities must be used in conjunction with another strategy(ies).

(c) Community Based Process.

1. Community Based Processes must focus on capacity enhancement through organizing, planning, interagency collaboration, coalition building and networking.

2. Community Based Processes must be used in conjunction with another strategy(ies).

(d) Problem Identification & Referral.

1. Problem Identification & Referral services may not include an assessment for treatment services.

2. Referral programs shall not be intervention programs that involve mental illness and substance abuse treatment. Limited prevention activities may include education and brief educational interventions that lead to specific referral services.

3. Brief interventions under Problem Identification and Referral must result in referrals facilitated by prevention staff with health care providers,

juvenile justice, school personnel or other community resources as appropriate.

4. Problem Identification & Referral strategies must be used only with indicated or selective population(s).

5. School assistance programs must be examined for best practices recommended by the Department of Education. Program goals must be measurable and address only the education intervention.

6. School assistance programs must be examined for best practices under the auspices of recommendations set forth by the Department of Education. Program goals must be measurable and address only the educational intervention.

7. Problem Identification and Referral must be used in conjunction with another strategy(ies).

(e) Environmental Strategies.

1. The environmental strategy must address access and/or availability of tobacco, alcohol and/or other drugs and social norms within the community domain.

2. Environmental strategies must not be limited to information dissemination.

3. Access and availability strategies must be measurable to ascertain whether program goals and objectives have been achieved.

4. The environmental strategy may define a community as a neighborhood, town, school district, zip code designation, community's name with specific boundaries (streets/avenues) and a specified urban, rural or suburban area.

5. Documentation of partnerships to meet environmental strategies shall include all support documentation.

6. Media advocacy must accompany an environmental strategy. The media advocacy approach must

be documented and include planning documents, contracts for service, sample messages and publicity content.

(f) Information Dissemination Strategies.

1. The information dissemination strategy must provide information through one-way communication between the agency and the community (audience), with limited contact between the two.

2. Information Dissemination must be used in conjunction with another strategy(ies).

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **New Rule:** Filed June 19, 2012; effective July 24, 2012. **Repealed:** Filed June 25, 2012; effective July 30, 2012. Amended: Filed May 31, 2013; effective September 27, 2013.

Ed Note: Was previously Rule 580-9-47-.02, renumbered to .01 as per certification filed June 19, 2012; effective July 24, 2012.

580-9-47-.06 **Performance Improvement** The provider shall provide written documentation of the entity's operation and maintenance of a Performance Improvement System.

(1) All prevention programs shall have a Performance Improvement designed to:

(a) Monitor and assess prevention processes and outcomes.

(b) Identify organizational and capacity issues as they relate to programming.

(c) Improve the overall quality of prevention practice.

(b) Improve the overall quality of prevention programs.

(c) Instill a process for informed decision making on appropriate service provision.

(d) Ensure program fidelity and documentation, if adaptation(s) are needed and document consultation with the program developer.

(2) The Performance Improvement System shall perform an annual feedback survey to community partners, parents of youth participants, youth participants, adult participants and consumers of services.

(3) The Performance Improvement System shall perform an observation of direct prevention staff at least twice during the fiscal year. Direct feedback to staff will evaluate the following:

(a) Rapport with the targeted audience.

(b) Delivery and accuracy of information.

(c) Awareness and sensitivity to cultural responsiveness.

(d) Prevention activities are responsive to the developmental needs of the target audience.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **New Rule:** Filed June 19, 2012; effective July 24, 2012. **Repealed:** Filed June 25, 2012; effective July 30, 2012. **Amended:** Filed May 31, 2013; effective September 27, 2013.

Ed Note: Was previously Rule 580-9-47-.02, renumbered to .01 as per certification filed June 19, 2012; effective July 24, 2012.